Wisconsin Department of Regulation & Licensing

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MEDICAL EXAMINING BOARD

TEMPORARY CERTIFICATE REQUEST FOR RESPIRATORY CARE PRACTITIONER

NAME OF APPLICANT: (Please print)		
Please check one:		
I have taken the National Certification Ex	xamination for Respiratory Care and am	awaiting results.
I am scheduled to take the next availabl wish to begin practicing prior to that time		or Respiratory Care and
AFFIDAVIT OF SUPERVISING RESI	PIRATORY CARE PRACTITIONER O	OR PHYSICIAN
I wish to request that a temporary certificate to	practice respiratory care in the State of m aware that this temporary certificate	
the date of issuance or upon notification sec. MED 20.04(1), Wis. Admin. Code.	of failure of CRTT examination when	nichever is sooner by
Signature and Title	Agency/Department	
Print Name and Certificate Number	Street Address	
()		
Phone Number	City and State	Zip Code
	Date	